



COLUMBUS CONSOLIDATED GOVERNMENT
DEPARTMENT OF FINANCE
REVENUE DIVISION-OCCUPATION TAX SECTION
3111 CITIZENS WAY
COLUMBUS, GA 31906
PHONE: (706) 225-4100, OPTION 1

OFFICE USE ONLY

ACCOUNT #

CERT. OF OCCUPANCY

APPLICATION FOR
NEW BUSINESS LICENSE

Business Name: _____

Federal Identification #: _____ Sales Tax ID #: _____

Physical Business Address: _____
City _____ State _____ Zip _____

Business Mailing Address: _____
(If different from above) _____
City _____ State _____ Zip _____

E-Mail Address: _____

Business Phone #: (_____) ____ - ____ Business Fax #: (_____) ____ - ____

Contact Person: _____ Contact #: (_____) ____ - ____

Select type of ownership and complete the information required.

Sole Proprietorship

Name: _____ Social Security Number: _____ - _____ - _____

Address: _____

Phone #: (_____) ____ - ____ City _____ State _____ Zip _____

Partnership

Name: _____ Social Security Number: _____ - _____ - _____

Address: _____

Phone #: (_____) ____ - ____ City _____ State _____ Zip _____

Name: _____ Social Security Number: _____ - _____ - _____

Address: _____

Phone #: (_____) ____ - ____ City _____ State _____ Zip _____

Corporation/LLC

Corporation Name: _____ Date of Incorporation: _____ State: _____

Dominant Line of Business: _____

Other Business Activities Performed: _____

PLEASE COMPLETE THE REVERSE SIDE OF THIS APPLICATION IN FULL BEFORE SUBMITTING.
LICENSE CANNOT BE ISSUED WITHOUT A COMPLETED APPLICATION.

Please answer all questions below.

1) Will this business be based and operated from your home? Yes _____ No _____

2) Will this business be adult oriented (i.e. emphasis on depicting or describing specified sexual activity or specified anatomical areas)? Yes _____ No _____

3) Will this business have one or more bona fide coin operated Class B amusement machines (COAM) on the premises? Yes _____ No _____

4) Will this business sell and/or serve any type of alcoholic beverages? Yes _____ No _____

5) If answered yes to Question 4, do you allow your customers/patrons to consume alcoholic beverages on premise? Yes _____ No _____

6) Will this business be a restaurant charging a cover charge? Yes _____ No _____

7) How many people will this business employ? Part-time _____ Full-time _____

Professional Option

For those businesses allowed the professional option, please indicate Gross Receipts \$ _____ whether you wish to elect that option or pay the percentage on gross receipts. Professional Option _____

If you elected the Professional Option, please indicate the total number of practitioners? _____

I hereby attest that the above information is true and correct to the best of my knowledge.

Print Name

Title

Signature

Date